

UTAH DEPARTMENT OF HEALTH


OFFICE OF VITAL RECORDS AND STATISTICS APPLICATION FOR CERTIFIED COPY OF A BIRTH CERTIFICATE

Certificates for births that occurred in Utah since 1905 are on file in this office.

WARNING: It is a criminal violation to make false statements on vital records application forms or to fraudulently obtain a birth certificate. Punishment may include a civil penalty of up to \$5,000.00 and up to five years in prison. Utah Code, Sections 26-23-5, 26-23-5.5 and 26-23-6.

Vital Records validation
only

INSTRUCTIONS

1. An application must be completed for each birth requested.  **ID Is Required** of the person that signs this request. HAVE READY TO SHOW **EITHER** a state issued ID (*with a signature*) OR TWO other proofs (from our acceptable identification list).
2. There is a fee of \$15.00 for each search of our files. Additional certified copies of the same record ordered at the same time are \$8.00 each.
3. If ordering by mail, send the completed application with an enlarged, easily identifiable photocopy of the **front** and **back** of your ID and the required fee (**checks or money orders made payable to Vital Records**) to Office of Vital Records and Statistics, P O Box 141012, Salt Lake City, Utah 84114-1012. If ordering in person, please come to 288 North 1460 West, Salt Lake City. For any questions, please call (801) 538-6380.
4. If the applicant does not respond to a written request from Vital Records within 90 days, Vital Records may retain all monies paid.
5. **When you receive your birth certificate(s) please take the time to review the entire record for accuracy.** Your copy can only be replaced within 90 days from the issuance date.

IDENTIFYING INFORMATION

FULL NAME AS IT SHOULD APPEAR ON CERTIFICATE _____
DATE OF BIRTH _____ PLACE OF BIRTH (City) _____ (County) _____ (Hospital) _____
FULL NAME OF FATHER _____ BIRTH DATE _____
BIRTHPLACE OF FATHER _____
FULL MAIDEN NAME OF MOTHER _____ BIRTH DATE _____
BIRTHPLACE OF MOTHER _____

APPLICANT

RELATIONSHIP: **I am:** (Please circle one) Self Mother Father Sibling Spouse Child Grandparent Grandchild
Other (Specify) _____ Reason for requesting certificate: _____
Your Signature _____ Date _____
Printed Name _____ Telephone Number _____
Your Address _____
(City, State & Zip) _____

NUMBER OF CERTIFIED COPIES REQUESTED

 1 **Certified Copy** \$ 15.00 +
 Additional Certified Copies (\$8.00 each) \$ _____

(If this order is to be mailed, please **PRINT** the name and mailing address below)

TOTAL FEES \$ _____

For OFFICE USE ONLY (do not write below)

PAID: Check Cash Money Order Credit Card

Clerk's Initials _____

Vital Records Label Only

Vital Records Use Only

UTAH DEPARTMENT OF HEALTH OFFICE OF VITAL RECORDS AND STATISTICS FEE SCHEDULE

**Fees Effective
July 1, 2003**

Search and issuance of certified copy of certificate of birth , Voluntary Declaration of Paternity or certificate of search 1905 - present:	
Five years centered on requested year:	\$ 15.00
Each additional five-years:	\$ 15.00
Search and issuance of certified copy of certificate of stillbirth :	\$ 12.00
Heritage Birth Certificate :	\$ 22.00
Search and issuance of certified copy of certificates of death, fetal death or certificate of search 1905 - present:	\$ 13.00
Burial Transit Permit	\$ 5.00
Search Paternity Registry	\$ 9.00
Certification of divorce or marriage (1978-2005) (abstract of information only)	\$ 9.00
Amendments to correct information after one year of event or court order changes to vital records:	\$ 20.00
(includes one certified copy)	
Registration and/or preparation and certified copy of delayed birth or stillbirth certificate, a new birth certificate after adoption, legitimation, or adjudication of paternity (includes one certified copy):	\$ 40.00
Duplicate copies requested with initial search:	\$ 8.00
Expedite fee for same day service	\$ 10.00
(Mail and credit card phone orders only)	
www.health.utah.gov/vitalrecords/silver to order BIRTHS only	\$ 15.00
SPECIAL HANDLING FEES (in addition to the fees listed above)	
Death certificate replacement fee (Per copy within 90 days)	\$ 1.00
Credit card orders (phone only: 1-866-632-2602)	\$ 15.50
(This includes an expedite fee for same day service and Vital Check Fee)	
Express Mail or Federal Express handling (according to the type of service requested) . . .	Current Fee

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90 days, Vital Records may retain all monies paid.**

***** Below is a list of the Health Departments in Utah. To check for the specific services they offer,
please call ahead to make sure they are able to issue the specific document(s) you need. *****

Bear River District 655 E. 1300 N. Logan, UT 84341 435-792-6492	Shipp Clinic 4535 S 5600 W WVC UT 84120 801-963-7313	Tooele County 151 North Main Tooele, UT 84074 435-843-2300	Wasatch County 55 S. 500 E. Heber, UT 84032 435-654-2700 x3307	Park City (births only) 6505 N Landmark #300 Park City, UT 84098 435-615-3910
Central Utah 70 Westview Dr. Richfield, UT 84701 435-896-5451	Southeast Utah 28 S. 100 E. Price, UT 84501 435-637-3671	Tri County 147 East Main Vernal, UT 84078 435-781-5475	Weber / Morgan 477 23 rd St. Ogden, UT 84401 801-399-7134	Sandy So East Clinic 9340 S 700 E Sandy UT 84070 (801) 256-1961
Davis County 50 E. State St. Farmington, UT 84025 801-451-3337	Southwest Utah 168 N. 100 E. St. George, UT 84770 435-986-2542	Utah County 151 S. Univ. Suite 1100 Provo, UT 84601 801-851-7526	Kamas (births only) 110 North Main Kamas, UT 84036 435-783-4351 X3071	
Salt Lake Valley 610 S. 200 E. SLC, UT 84111 801-534-4658	Summit County 85 N. 50 E. Coalville, UT 84017 435-336-3222			